

STATE OF RHODE ISLAND		BUILDING PERMIT APPLICATION	
PLEASE PRINT OR TYPE			
MUNICIPALITY WARREN		ISSUED _____	NUMERICAL CODE _____ PERMIT NO. _____
APPLICATION DATE _____		CENSUS TRACT _____	FEE REC. \$ _____ FEE BY _____
1. STREET LOCATION _____		2. ZONING DISTRICT _____	
3. PLAT/MAP _____	4. LOT/BLOCK _____	5. FILE/PARCEL _____	6. AREA _____ 7. REHAB CODE (Circle) Yes No
8. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____			
9. OWNER _____ ADDRESS _____		TEL. NO. _____	
10. CONTRACTOR _____		IN-STATE? Yes No	TEL. NO. _____
11. CONTRACTOR ADDRESS _____		12. REG # _____	13. EXP: _____
14. ARCH. OR ENG. _____ ADDRESS _____		TEL. NO. _____	
15. RHODE ISLAND REG. NO. _____		16. Stamped Prints (Circle one) Yes No	17. Certificate of Occupancy Required Yes No
18. DESCRIPTION OF WORK TO BE PERFORMED		19. USE OF EACH FLOOR	
		Bsmt. _____	
		1st _____	
		2nd _____	
		3rd _____	
CODE EDITION: _____		Other _____	
A. TYPE OF IMPROVEMENT		B. OWNERSHIP	
1. _____ NEW STRUCTURE		PUBLIC PRIVATE	
2. _____ ADDITION TO EXISTING		1. _____ STATE 4. _____ TAXABLE	
3. _____ MODIFICATION TO EXISTING		2. _____ CITY OR TOWN 5. _____ TAX EXEMPT	
4. _____ FOUNDATION ONLY		3. _____ OTHER, SPECIFY: _____	
C. PRINCIPAL TYPE OF CONSTRUCTION		(CONSTRUCTION CLASS (Check one))	
1. 1A _____ 4. 2B _____ 7. 4 _____		2. 1B _____ 5. 3A _____ 8. 5A _____	
3. 2A _____ 6. 3B _____ 9. 5B _____			
D. PROPOSED USE RESIDENTIAL		E. PROPOSED USE NON-RESIDENTIAL	
1. _____ R-1 HOTELS		1. _____ A-1 THEATRES 13. _____ I-1 INSTITUTIONAL SUPERVISED	
2. _____ R-2 APARTMENTS		2. _____ A-2 RESTAURANT/ NIGHT CLUB 14. _____ I-2 INSTITUTIONAL INCAPACITATED	
3. _____ R-3 One and Two Family Attached		3. _____ A-3 ASSEMBLY 15. _____ I-3 INSTITUTIONAL RESTRAINED	
4. _____ R-4 ASSISTED LIVING 9-16		4. _____ A-4 ARENAS 16. _____ I-4 INSTITUTIONAL DAYCARE	
5. _____ GARAGE		5. _____ B BUSINESS 17. _____ M MERCANTILE	
6. _____ CARPORT		6. _____ F-1 FACTORY(mod haz) 18. _____ S-1 STORAGE MOD HAZARD	
7. _____ MANUFACTURED HOME		7. _____ F-2 FACTORY(low haz) 19. _____ S-2 STORAGE LOW HAZARD	
8. _____ SWIMMING POOL		8. _____ H-1 HIGH HAZARD DETONATION 20. _____ U UTILITY MISCELLANEOUS	
9. _____ One and Two Family Detached		9. _____ H-2 HIGH HAZARD DEFLAGRATION 21. _____ OTHER SPECIFY _____	
10. _____ FIREPLACE		10. _____ H-3 HIGH HAZARD PHYSICAL HAZARD	
11. _____ OTHER SPECIFY _____		11. _____ H-4 HIGH HAZARD CORROSIVE TOXIC	
12. _____ H-5 HIGH HAZARD - HPM 22. _____ MIXED USE			
G. FOUNDATION SETS BACK FROM PROPERTY LINES		H. DIMENSIONS	
1. FRONT _____		1. No. of Stories _____ 2. Basement Yes No	
2. REAR _____		MAX. MAX.	
3. LEFT SIDE _____		3. Height of Construction Ft. _____ WIDTH _____ DEPTH _____	
4. RIGHT SIDE _____		4. Total Floor Area Sq. Ft. w/o Basement _____	
J. FLOOD HAZARD AREA-1. YES 2. NO		K. TYPES OF SEWAGE DISPOSAL	
1. Elev. (MSL) of lowest floor incl. basement _____		1. _____ PUBLIC 2. _____ PRIVATE SYSTEM	
2. Elev. (MSL) of 100 year flood _____		3. ISDS NO. _____ DATE _____	
L. NUMBER OF OFF-STREET PARKING SPACES		M. TYPE OF WATER SUPPLY	
1. ENCLOSED _____		1. _____ PUBLIC	
2. OUTDOORS _____		2. _____ PRIVATE	
		3. _____ INDIVIDUAL WELL	
		N. EQUIPMENT	
		State Approval Required	
		1. INCINERATOR _____	
		2. ELEVATOR (Enter Number) _____	
		O. FEES	
		RADON FEE \$ _____	
		MUNICIPAL BUILDING PERMIT FEE \$ _____	
		CE/ADA FEE \$ _____	
		TOTAL PERMIT FEE \$ _____	
		1 & 2 FAMILY DWELLING LIMITED TO CE /ADA FEE OF \$50.00	
		BUILDING OFFICIAL'S SIGNATURE	

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of this jurisdiction.

APPLICANT'S SIGNATURE _____ DATE _____ TEL. NO. _____